

State/Territory: HAWAII

**Free Choice of Providers**

**Section 1: Recipient over-utilization or abuse**

- (1) Freedom of choice in selecting health care providers shall not include the inexpedient utilization or over-utilization of the community's health care providers and supplies.
- (2) When a recipient over-utilizes medical services, the department shall request the recipient's voluntary cooperation in curbing abusive utilization practices and shall monitor the recipient's case for no less than 6 months.
- (3) When a recipient has been shown to be over-utilizing controlled drugs with multiple prescriptions filled at more than one pharmacy and written by multiple prescribers, the department shall require the recipient to choose one primary care physician and one pharmacy to be the only approved providers of usual care. The recipient shall select another provider if the initial provider selected is known to the department to be over-prescribing medications or medical services. Refer to section 2 for specific details regarding restrictions.
- (4) When a recipient has been determined to be using excessive services provided by multiple physicians, the department may assist the recipient in receiving appropriate coordinated care. The department shall require the recipient to choose one primary care provider to coordinate all usual services for the recipient and make referrals to other providers, as needed. Refer to section 2 for specific details regarding restrictions.

---

TN No. 99-003

Supersedes

Approval Date: NOV 10 1999

Effective Date: 11/10/99

TN No.

State/Territory: HAWAII

**Free Choice of Providers**

**Section 2: Restriction:**

- (1) If over-utilization or abuse continues, the recipient shall be administratively restricted for no less than 24 months to a primary care physician who is:
  - (A) Of the client's choice;
  - (B) Willing to provide and coordinate services to the client; and
  - (C) Certified by the department to participate in the medical assistance program
- (2) A recipient who over-utilizes services which are provided by psychotherapists, pharmacies and dentists shall also be restricted to those providers if necessary to further curb recipient abuse.
- (3) The individual who is restricted shall be afforded advance notice and appeals process.
- (4) Emergency medical services shall not require the referral, assistance or approvals of the designated primary care physician.
- (5) The restricted recipient shall receive a medical authorization card bearing the designated primary care physician until:
  - (A) Responsibility for care is transferred to another physician;
  - (B) The recipient requests a change in the primary care physician and the department and the affected physician concurs; or
  - (C) Control is no longer considered necessary by the designated primary care physician and the department's medical consultant concurs.

---

TN No. 98-007 99-003      NOV 10      Effective Date: JUL 6  
Supersedes \_\_\_\_\_ Approval Date: \_\_\_\_\_  
TN No. \_\_\_\_\_

- (6) If a recipient fails to select a primary care physician within 30 days following receipt of notice of medical service restrictions, the department shall select a physician who is in good standing with the medical program.
- (7) When a physician who is willing to participate as the primary care physician cannot be found, the department's medical consultant shall provide prior approval for all health service required by restricted recipient with the exception of emergency care.
- (8) The designated physician shall:
  - (A) Provide and coordinate all medical services to the client, except for emergency services; and
  - (B) Make referrals for other needed medical services; and
  - (C) Inform the department when the designated physician is no longer able to provide medical services to the recipient.
- (9) A recipient shall continue to be restricted to a designated provider(s) until:
  - (A) There is documented evidence of that individual's compliance for at least one full year; and
  - (B) The primary care physician and the department's medical consultant concur.
- (10) When the decision is made to continue restriction, the recipient shall be afforded advance notice and the appeals process.
- (11) The recipient whose restriction has been terminated shall be monitored for no less than 24 months and placed back on restriction if there is evidence of recurrent over-utilization or abuse of Medicaid services during that period.

TN No. 98-007 99-003

NOV 10 1999

Supersedes

Approval Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

JUL 6

TN No. \_\_\_\_\_